

Utah Medicaid Provider Manual	CHEC Services - Appendices
Division of Health Care Financing	Updated April 2008

APPENDICES

Appendix A: Reserved for future use

Appendix B: Immunization Schedule

(Also available at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>)

Appendix C: Child Health Evaluation and Care Recommended Schedule

Appendix D: Lead Toxicity Risk Assessment

<http://health.utah.gov/medicaid/>

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Appendix B

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	see footnote 1		HepB						
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote 3	DTaP					DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib						
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PPV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁶						Influenza (Yearly)						
Measles, Mumps, Rubella ⁷						MMR						MMR
Varicella ⁸						Varicella						Varicella
Hepatitis A ⁹						HepA (2 doses)					HepA Series	
Meningococcal ¹⁰											MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during this year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-422-7917.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed. In rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIB[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 0–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedule for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Appendix C

Child Health Evaluation and Care Recommended Schedule

	INFANCY							EARLY CHILDHOOD					LATE CHILDHOOD				ADOLESCENCE											
AGE ² ▶ SERVICE ▼	2-3 D ¹	By 1 month	2 mon	4 mon	6 mon	9 mon	12 mon	15 mon	18 mon	24 mon	3 Y	4 Y	5 Y	6 Y	8 Y	10 Y	11 Y	12 Y	13 Y	14 Y	15 Y	16 Y	17 Y	18 Y	19 Y	20 Y		
HISTORY Initial/Interval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
MEASUREMENTS Height and Weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Head Circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																		
Blood Pressure												✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
SENSORY SCREENING																												
Vision	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Hearing	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT ³	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
PHYSICAL EXAM ⁴	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
PROCEDURES Hereditary/Metabolic Screening ⁵	↩	✓																										
Immunization	Refer to ACIP guidelines described in Appendix B.																											
Hematocrit or Hemoglobin						✓	⇒	✓	⇒	⇒	⇒	⇒	⇒					↩	↩	✓	⇒	⇒	⇒	⇒	⇒	⇒	⇒	
Urinalysis													✓					↩	↩	↩	↩	↩	✓	⇒	⇒	⇒	⇒	
PROCEDURES - Patients at Risk																												
Tuberculin Test							★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Cholesterol										★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
STD Screening																		★	★	★	★	★	★	★	★	★	★	
Pelvic Exam																		↩	↩	↩	↩	↩	↩	↩	★	★	★	
Blood Lead Level ⁶							✓			✓																		
ANTICIPATORY GUIDANCE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
REFERRAL ⁷							✓																					

KEY: ✓ = to be performed
 ★ = refer to CHEC Provider Manual for specific recommendations.
 ⇐ ⇒ = May be performed within this range.

Numbered footnotes are on the following page.

Appendix C

Footnotes

1. For newborns discharged in 24 hours or less after delivery, a well-baby exam should be done within 2 to 3 days of birth.
2. The listed ages are only recommendations. Individual children may require more frequent health supervision. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
3. This implies a review of the child's mental health needs and development
4. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
5. The first test should be performed before the infant leaves the hospital. The second test should be performed at 7 to 28 days of age.
6. Children from 6 to 72 months are at risk for lead poisoning. Conduct a verbal risk assessment at each visit. Complete blood lead level tests at 12 and 24 months and any time the verbal assessment indicates a risk of lead exposure.
7. Most children should have the initial dental referral made at 12 months. However, if after performing an oral risk assessment at ≥ 6 month of age, the pediatrician or other pediatric health care provider believe a referral is necessary, the referral should be made to a pediatric dentist. If appropriate dental providers are not available, make the initial referral at age 3 years. Complete an oral screening at each visit and make a referral any time dental problems appear. Remind the family at each visit about the importance of preventive dental care and good oral health.

Appendix D

Lead Toxicity Risk Assessment

Read each question and mark yes or no. Discuss your answers with your child's health care provider.	YES	NO
• Does your child live in or regularly visit a house built before 1960? Was his or her child care center/preschool/babysitter's home built before 1960? Does the house have peeling or chipping paint?		
• Does your child live in a house built before 1978 with recent, ongoing or planned renovation or remodeling?		
• Have any of your children or their playmates had lead poisoning?		
• Does your child frequently come in contact with an adult who works with lead? (Examples are construction, welding, pottery, or other trades practiced in your community.)		
• Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead? (Ask your doctor if you have questions about industries in your area.)		
• Do you give your child any home or folk remedies that may contain lead?		
• Does your home's plumbing have lead pipes or copper with lead solder joints?		
• Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?		